## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3. 03/21/08 SR 5 S/OF 100N Chomwell, IN Date: Case #: County: Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Operational Lab Residence Hotel/Motel Chemical/Glassware/Equipment (only) Outbuilding. 🗷 Open – No Structure 🔀 Dumpsite (only) Vehicle | Other: Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): \_\_\_\_\_\_ And Red Phosphorous/Iodine Reaction(s): M Flammable Solvents: Ofen AFA \_\_ Water Reactive Metal (Lithium): \_\_\_\_\_ Anhydrous Ammonia; Hydrochloric Acid Gas Generator(s): Corrosive Acid: \_Ofen AER Corrosive Base: \_ Ole ALC Other (item and location):\_\_ Child under age 18 discovered (check one) Investigative Information Yes 2 (number present) Ephedrine/Pseudoephedrine Tracking Log IX No. Retail/Merchant Tip \*If yes, fax report to Child Protective Services Other:

This report is to be faxed to the following agencies that serve the location:

Fire Department: SPARTA TWSP Health Department: Noble County

Fax: 260-856-2121

Fax: 260-636-2192

Fax:

Child Protection Service:

For further information prairing this methamphetamine laboratory, contact Investigating Officer: Lob SMITH Phone Hoo- 433 Blood

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.